

**DEPARTMENT OF HEALTH SERVICES**

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October 22, 1997

PPL No.97-024



To All County Medi-Cal Administrative Activities (MAA)/  
Targeted Case Management (TCM) Coordinators and  
Advisory Committee Members

**SUBMISSION OF MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)  
CLAIMING PLAN AMENDMENTS**

The purpose of this letter is to provide instructions to all Local Governmental Agencies (LGAs), participating in the Medi-Cal Administrative Activities (MAA) program, on submission requirements for MAA Claiming Plan *amendments*.

In accordance with Welfare and Institutions Code, Section 14132.47, all LGAs participating in the MAA program are required to prepare a claiming plan containing comprehensive information on each of the MAA performed. Once the initial MAA Claiming Plan has been approved by the Department of Health Services (DHS) and the Health Care Financing Administration (HCFA), it will remain in effect from year-to-year unless amended. An LGA may submit amendments to their MAA Claiming Plans at any time during the calendar year. The Agreement Between HCFA and DHS prescribes the processes for identifying and documenting activities that may be claimed under the MAA program. Section III, Administrative Claiming Process, of the Agreement specifies that "*A claiming plan must be amended each time the scope of MAA are significantly changed or a new type of activity is undertaken.*"

To assist the LGAs in the preparation and submission of MAA Claiming Plan amendments, the enclosed **MAA Claiming Plan Amendment Checklist** has been developed. It is required that this *Checklist* be completed and accompany the MAA Claiming Plan amendments. Also, when preparing the MAA Claiming Plan amendments, the LGAs need to adhere to the following instructions:

1. Amendments should be submitted as a comprehensive package for the entire LGA. **ONLY** the pages of the existing MAA Claiming Plan, that are changing, need to be amended and submitted to DHS. Please **DO NOT** resubmit the entire MAA Claiming Plan. The amended pages are to be numbered using the original page number and consecutive letters. For example, if the original page that is to be amended (for the county's Public Health Claiming Unit) is page PH-8, the amended pages (if three pages are replacing the original page) would be pages PH-8a, PH-8b, and PH-8c. DHS is only concerned that the pages are easily identifiable by the LGA, DHS, and HCFA. Therefore, it is up to each LGA to clearly number their Claiming Plan amendment pages as they deem appropriate.

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2. Even though LGAs may submit amendments to the MAA Claiming Plan at any time, to expedite the timely review of amendments, please consolidate all amendments and submit only one amendment per quarter.

NOTE: The "Submittal Date" on all amended pages is to be the date that the amendment is submitted.

3. After completing the MAA Claiming Plan Amendment Checklist, submit a copy to DHS. This *Checklist* is not an all-inclusive listing of Claiming Plan amendment situations. If a circumstance arises that is not listed on this *Checklist*, please explain the situation under number 30 (on the *Checklist*), or attach an additional explanation. The Checklist must accompany the MAA Claiming Plan amendment, along with a cover letter from the LGA.

NOTE: If none of the items checked on the MAA Claiming Plan Amendment Checklist require an amendment, **do not** submit the *Checklist* or amendments to DHS.

4. The MAA Claiming Plan amendments must also contain a revised "Certification Statement" with a new date and signature. Please refer to pages 1 and 2 of the *Claiming Plan Instructions*, outlined in Policy and Procedure Letter (PPL) No. 96-015, "Standardized Format, Descriptions, and Instructions for Preparing the MAA Claiming Plan," dated August 1, 1996.
5. The existing *Claiming Plan Instructions*, contained in PPL No. 96-015, are still applicable.

Also, refer to PPL No. 97-012, Claiming for "Program Planning and Policy Development" (PP&PD), dated July 15, 1997, and PPL No. 97-013, "New Categories for Outreach B Campaigns/Activities," dated July 24, 1997, for changes to the claiming plan submission requirements for PP&PD and Outreach B, respectively. For all amendments requiring a revised "Claiming Unit Function" page (contained on page 3 of the *Claiming Plan Instructions*), use the new form included with PPL No. 97-013.

6. The MAA Claiming Plan amendment package must be submitted in duplicate. The original copy is for DHS and the second copy is for HCFA.

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7. The MAA Claiming Plan amendments will be reviewed by DHS to determine whether the information provided is clear and descriptive. If applicable, the LGAs will receive written notification of DHS's suggested *revisions* to be made to the MAA Claiming Plan amendments.
8. Once DHS has approved the MAA Claiming Plan amendments, the amendments will be submitted to HCFA for their approval. The LGAs will receive written notification, from DHS, of HCFA's *approval/disapproval* of their MAA Claiming Plan amendments.
9. Once the LGA is notified that their MAA Claiming Plan amendment has been approved by DHS and HCFA, they may invoice to DHS for reimbursement of MAA contained in the amendment. Claims should only be submitted for MAA when the MAA claiming plans have been approved and are effective for the period claimed; or the MAA invoices will be rejected.
10. Please note that if the proposed MAA Claiming Plan amendment will require that a claiming unit conduct a time survey in order to begin claiming, the LGA must request authorization from DHS thirty (30) days prior to the beginning of the quarter in which the time survey is to be conducted. Refer to PPL No. 96-017, "Time Survey Requirements," dated August 14, 1996, for an existing claiming unit and PPL No. 96-035, "Clarification of MAA Participation Requirements," dated December 24, 1996, for a new claiming unit.

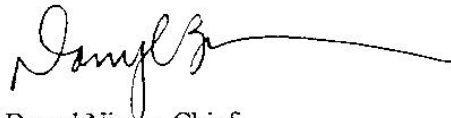
Please note that amendments to the MAA Claiming Plans will not become effective until the first day of the calendar quarter that the amended MAA Claiming Plan was postmarked. Therefore, in order to claim for amended activities for the quarter beginning October 1, 1997, amendments must be postmarked by December 31, 1997. When submitting an amendment to your MAA Claiming Plan, please send an *original* plus *one copy* to the following address:

Department of Health Services  
Administrative Claiming Unit  
714 P Street, Room 1640  
P.O. Box 942732  
Sacramento, CA 94234-7320

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Please be sure that a *copy* of this transmittal is placed in the MAA/TCM Provider Manual under Section 5, MAA Claiming Plan, until the MAA/TCM Provider Manual can be updated. If you have any questions regarding this policy, please contact the Administrative Claiming Unit analyst assigned to your LGA.

Sincerely,



Darryl Nixon, Chief  
Medi-Cal Benefits Branch

Enclosure

Medi-Cal Administrative Activities:	X
Targeted Case Management:	N/A
Policy Effective Date:	Quarter Beginning 7/1/97
Policy References:	PPL No. 96-015
	PPL No. 96-017
	PPL No. 96-035
	PPL No. 97-012
	PPL No. 97-013

cc: See next page

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cc: Mr. Bill Lasowski  
Technical Director  
Office of Financial Services  
Health Care Financing Administration  
7500 Security Blvd., MS-C4-17-27  
Baltimore, MD 21244-1850

Mr. Richard Chambers  
Associate Regional Administrator  
Health Care Financing Administration  
75 Hawthorne Street, Suite 401  
San Francisco, CA 94105

Mr. Larry Lee  
Accountant  
Division of Medicaid  
801 I Street, Room 210  
Sacramento, CA 95814

Ms. Cathleen Gentry  
Host County Liaison  
455 Pine Avenue  
Half Moon Bay, CA 94019

# CLAIMING PLAN AMENDMENT CHECKLIST

CHANGES THAT MAY OR MAY NOT REQUIRE AN AMENDMENT TO EXISTING MAA CLAIMING PLANS COULD CONSIST OF THE FOLLOWING: County: _____ Name of Claiming Unit: _____ Submittal Date: _____		Need To Submit Amendment To Your MAA Claiming Plan?	✓
1	Change in the originally submitted <b>ORGANIZATION CHART</b> .	No	<input type="checkbox"/>
2	Change in <b>ADDRESS, PHONE NUMBER, OR MAA/TCM COORDINATOR</b> for a Claiming Unit.	No	<input type="checkbox"/>
3	Addition of <u>new</u> <b>CLAIMING UNIT</b> .	Yes	<input type="checkbox"/>
4	Inactivity (i.e., non-claiming) of an approved <b>CLAIMING UNIT</b> .	No *	<input type="checkbox"/>
5	Deletion of previously approved <b>CLAIMING UNIT</b> .	No *	<input type="checkbox"/>
6	Change in the <b>DESCRIPTION</b> of the specific <b>CLAIMING UNIT</b> functions performed by the Claiming Unit, as described in box #8, on <u>page 3</u> , of the <i>Claiming Plan Instructions</i> .	No	<input type="checkbox"/>
7	Change in the <b>NAME</b> of the <b>CLAIMING UNIT</b> (which affects the claims / invoicing).	Yes	<input type="checkbox"/>
8	Designation of activities as either <b>OUTREACH B1 OR B2</b> . (Note: Amend GRID.)	Yes	<input type="checkbox"/>
9	Addition of <u>new</u> <b>MAA CATEGORY</b> to an existing Claiming Unit; e.g., adding PP&PD. (Note: Amend GRID.)	Yes	<input type="checkbox"/>
10	Addition of <u>new</u> <b>CAMPAIGN, PROGRAM, OR ACTIVITY</b> that is substantially different from those approved for Outreach "A", "B1", and/or "B2" to an existing Claiming Unit.	Yes	<input type="checkbox"/>
11	Inactivity (i.e., non-claiming) of an approved <b>MAA CATEGORY</b> for an existing Claiming Unit.	No *	<input type="checkbox"/>
12	Deletion of previously approved <b>MAA CATEGORY</b> for a Claiming Unit, e.g., deleting PP&PD.	No *	<input type="checkbox"/>
13	Change in the "health programs" for which <b>PP&amp;PD</b> is performed.	No	<input type="checkbox"/>
14	Addition of <u>new</u> <b>POSITION CLASSIFICATIONS</b> performing MAA, as described in <u>box #9</u> , on <u>page 3</u> , of the <i>Claiming Plan Instructions</i> . (Note: Amend GRID and submit position descriptions/duty statements.)	Yes	<input type="checkbox"/>
15	Deletion of a classification from the <b>STAFF JOB CLASSIFICATION GRID</b> , as described in <u>box #9</u> , on <u>page 3</u> of the <i>Claiming Plan Instructions</i> .	No	<input type="checkbox"/>
16	Change in the existing <b>POSITION DESCRIPTION/DUTY STATEMENT</b> .	No	<input type="checkbox"/>
17	Change in the total <b>NUMBER OF STAFF</b> for which MAA will be claimed -- increase <u>or</u> decrease of <u>25% or more</u> than the number in the approved Claiming Plan. (Note: Amend GRID).	Yes	<input type="checkbox"/>
18	Change in the number of staff who are <b>SPMP</b> or <b>NON-SPMP</b> , as described in <u>box #10</u> , on <u>page 3</u> of the <i>Claiming Plan Instructions</i> .	No	<input type="checkbox"/>

19	Addition of a <b>new SUBCONTRACTOR</b> to an existing Claiming Unit. (Note: Submit copies of those sections of contract that describe the activity to be performed.)	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Change in the types of <b>CONTRACTS</b> for which "Contracting for Medi-Cal Services and MAA" is performed.	No	<input type="checkbox"/>
21	Inactivity (i.e., non-claiming) of an approved <b>SUBCONTRACTOR</b> for an existing Claiming Unit.	No *	<input type="checkbox"/>
22	Deletion of previously approved <b>SUBCONTRACTOR</b> from an existing Claiming Unit.	No *	<input type="checkbox"/>
23	Change in the <b>METHODOLOGY</b> used in calculating the Medi-Cal <u>discount percentage</u> for MAA.	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>
24	Change in the <b>METHODOLOGY</b> used for determining how the <u>time and costs</u> for MAA will be developed and documented.	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Change in how (methodology/basis) the rate is calculated for <b>TRANSPORTATION costs</b> .	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>
26	Increase/decrease in <b>TRANSPORTATION costs</b> (however, methodology is the same).	No	<input type="checkbox"/>
27	Change in the <b>TARGETED POPULATION(S)</b> , e.g., addition of pregnant women who need treatment.	No	<input type="checkbox"/>
28	Change in the <b>LOCATION(S)</b> where an approved MAA will be performed; e.g., changing the location from the "Main Church" in Martinez, to the "Central Church" in Pittsburgh.	No	<input type="checkbox"/>
29	Change in the <b>NUMBER OF TIMES</b> outreach campaigns, programs, or activities will be conducted; e.g., changing from weekly to bi-weekly.	No	<input type="checkbox"/>
30	<b>OTHER:</b>		<input type="checkbox"/>

\* Even though amendments are **not** required for these **inactive and/or deletions**, if the local governmental agency (LGA) resumes claiming for these categories, please be sure the previously approved Claiming Plan is still applicable.

It is required that this *Checklist* accompany the MAA Claiming Plan amendment, along with a cover letter from the LGA and a new **Certification Statement** containing a new date and signature. This *Checklist* is **not** an all-inclusive listing of Claiming Plan amendment situations. If a circumstance arises that is not listed on this *Checklist*, please explain the situation under #30 above, or attach additional explanation. Also, be sure that the **Table of Contents** is resubmitted to reflect any changes. **ONLY** the pages of the existing MAA Claiming Plan, that are changing, need to be amended and submitted to the Department of Health Services (DHS). Please **DO NOT** resubmit the entire MAA Claiming Plan.

NOTE: If none of the items checked on the *MAA Claiming Plan Amendment Checklist* require an amendment, **do not** submit the *Checklist* to DHS.